STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT

I Name of the wines Timonton I Distilly across	NEW HAMPSHIRE DEPARTMENT OF STATE
I. Name of Lobbyist(s) Timothy O. Wilkerson	- DEFACTALE OF GROOT
II. Name of lobbyist's partnership, firm or corporation, if any:	
New England Caple & Telecommunications Assorbane of partnership, firm or corporation)	C. Inc.
D For Des Road, #440W, Brantree, MA Business Address: (Street) (Town/City) (State)	(Zip Code)
(781) <u>843-3418</u> (781) <u>849-6267</u> e-mail <u>twilkers</u>	on@necta.info
III. This statement covers: (Choose one – file separate reports for each client, OR you may file reportable expense transactions which are not attributable to any one client).	e a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the following	owing client:
New England Cable & Telecommoni Cations Assoc, 5 (Full Name of Client as it appears on the Lobbyist Registration Form)	Inc.
OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.	listed below which are
IV. Date of Report April 24, 2019 U July 31, 2019 U Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/19	
October 30, 2019	
V. There have been no fees received and no reportable transactions made since the la If this box is checked, complete just this form and submit it to the Secretary of State's Office, State I Concord, NH 03301.	
VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expens	ec.
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Expense Reimbursement	
If you, your firm, or your family has made political contributions, you must file Addendum C-	- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the forego and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)	
TIMOTHY D. Wilkerson (Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Timothy O. Wilkerson	
II. Name of lobbyist's partnership, firm or corporation, if any:	
New England Coude & Telecommunic	ations Assoc. Inc
III. Name of Client Same	Date 4/22/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 17,367,00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ 17,367.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) S
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the person of with a value of \$25.00 or less); and writing period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ _ ^ ^
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	ns
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
na	s - 0 -
	\$
	\$
	\$
	\$
	\$

Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	412219 (Date)
TIMOTHY O. WILKERSON (Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Aff	irmation by Lobb	yist	,	
Statement of Income	and Expenses for:	New Engl	yland Cable & Mications Assoc.	
Name of Lobbying partn	ership, firm, or corpo	oration: Telecemme	Mications Assoc.	INC
Name of Client (leave bl	ank if Statement is fo	or the partnership, firm, or	corporation and not related to	any
particular client):				
Date of Report (check of	ne):	ſ		
April 24, 2019	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 🗆	
I have read RSA 15, RS. the following Addendum submitted):	A 15-B, RSA 664, that submitted with the	ne Statement of Income ar at Statement (insert the m	nd Expenses described above, umber of Addendum forms be	and eing
Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affirm complete to the best of m	that the foregoing in y knowledge and bel	formation on the Statemer ief.	at and each Addendum is true	and
(Signature of lobbyist)			1 22 19 (Date)	
Timothy O. W	11 Kerson			
Print Name of Johnvist)				